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The Development of Islamic Caring Model to Improve Psycho-Spiritual Comfort of Coronary Disease Patients

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ABSTRACT

Objectives: Caring is the essence of the nursing process delivered by nurses in diverse cultural settings exceptionally is Islamic caring. This research aims to develop an Islamic caring model for the psycho-spiritual comfort of coronary disease patients.

Method: The research method used was analytic observational with a cross-sectional design. This research recruited 70 clients from the population of the heart disease patients in three Islamic hospitals by using simple random sampling. Data were collected by questionnaire and analyzed by Partial Least Squares-Structural Equation Modeling (PLS-SEM).

Results: The research showed that there were influences from the nursing and service factors towards Islamic caring with a value of $t = 7.79$; 2.06 . There was influence from Islamic caring towards psycho-spiritual comfort with a value of $t = 2.85$.

Conclusions: The Islamic caring model is a nurse's behavior that emphasizes Islamic values that include the characteristics of maintaining confidence, compassion, and competence to enhance the patients' psycho-spiritual comfort.

Keywords: *Coronary disease; Caring; Islam; Psychology; Spirituality.*

INTRODUCTION

There has been an increase in the number of coronary disease cases, and it has been shown that the disease often has a big impact on the individual, one of which is anxiety ⁽¹⁾. This anxiety issue was also experienced by the coronary disease patients at General Hospital, who became the subjects of this research ⁽²⁾. Patients with moderate anxiety have a 2.3% longer hospitalization period than patients without anxiety or with only mild anxiety ⁽³⁾. Anxiety that is not treated

properly can increase the risk of a heart attack that ranges from non-fatal to fatal ⁽⁴⁾. Research also shows that spirituality or religious behaviors are very helpful in the process of reducing anxiety ⁽⁵⁾. This spirituality or religious behavior needs to be adjusted to the patients' culture and religion ^{(6), (7)}.

Religious-based hospitals, especially those of an Islamic background, have become an alternative medical treatment for Indonesian people. These hospitals are characterized by their Islamic caring principles using spiritual approaches. Islamic caring is caring using the principles of Islam, which are excellence or perfection, always being professional, and always guiding towards kindness in worship and in daily life ^{(8), (9)}. Caring is the essence of nursing as both a science and art in treating patients ⁽¹⁰⁾. Islamic caring is the professional attitude of nurses towards patients, their families, and society, characterized by care, kindness, empathy,

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polite therapeutic communication, and responsiveness. They should always give the best service based on the Holy Quran and the acts and sayings of the Prophet Muhammad ⁽¹¹⁾. The development of Islamic caring in the available literature remains unclear. There is a need for more in-depth studies that focus on these Islamic caring variables and for the development of an Islamic caring model for the psycho-spiritual comfort of coronary disease patients.

MATERIAL AND METHOD

Study design

The research design involved observational analytics with a cross-sectional design to develop an Islamic caring model for the psycho-spiritual comfort of coronary disease patients including the nurse factor and service factor.

Sample and setting

The population of this research were the coronary disease patients being treated in the wards at three Islamic Hospitals in East Java Province of Indonesia. The sample of 70 patients was chosen by simple random sampling. The data collection was adjusted with the criteria of uncomplicated arrhythmias and not being under or in any emergency situation.

Instruments

Patients' background characteristics included age, gender, occupation, health insurance, and formal and non-formal education. The variables of Islamic caring covered the aspects of the nurses themselves, services, patients, Islamic caring, and psycho-spiritual comfort. The variables that form Islamic caring were measured using a questionnaire. The questions were modified by Abdurrouf ⁽¹¹⁾ and Sudalhar ⁽⁹⁾. The validity and reliability tests on the questionnaire showed a coefficient score from .30 to .92, and Cronbach's alpha was from .91 to .98.

Data analysis

Data were analyzed using frequency and percentages. The data analysis was conducted using Partial Least Squares-Structural Equation Modeling (PLS-SEM) multi-variant statistics.

Ethical consideration

The study procedures were reviewed and approved by the Ethics Committees on July 11, 2016, decision letter number 425-KEPK. Due to ethical clearance of

this study, participants were given information and filled in informed consent before the study.

FINDINGS

The results of the data collection showed that the characteristics of the research subjects are as follows (Table 1). The research subjects were categorized as elderly patients, age 56-64 years old; most of them were male. Their occupations were mostly in the private sector, or as laborers workers. The health insurance for most of them was provided by the National Healthcare and Social Security Agency (BPJS) or National Health Insurance (Askes). Their formal education was mostly of elementary school level. Lastly, most of them had never attended Islamic non-formal education.

Table 1 Sample Characteristics (N=70)

Characteristics	n (%)
Age	
26-35 years old	4 (5.7)
36-45 years old	2 (2.9)
46-55 years old	17 (24.3)
56-64 years old	25 (35.7)
>65 years old	22 (31.4)
Sex	
Male	39 (55.7)
Female	31 (44.3)
Occupation	
Not working	3 (4.3)
Housewives	22 (31.4)
Private company workers/Laborer workers	36 (51.4)
Govt employee/Armed forces/Police/ Retired armed forces or police	9 (12.9)
Health Insurance	
SKTM (for the underprivileged)	13 (18.6)
BPJS/Askes (Govt national insurance schemes)	46 (65.7)
Mandiri (Own costs)	11 (15.7)
Formal Education	
Elementary school	32 (45.7)
Junior high school	14 (20.0)
Senior high school	15 (21.4)
Diploma	1 (1.4)
Bachelor's degree	8 (11.4)

Cont... Table 1 Sample Characteristics (N=70)

Characteristics	n (%)
Non-Formal Education	
None	53 (75.7)
Islamic learning in mosque/from mass media	14 (20.0)
Islamic boarding school	3 (4.3)

Islamic caring model

The model of Islamic caring in this research is as follows (Figure 1). From the analysis of the structural model, it was found that the coefficient values showed that the nurse variable was the biggest direct factor in relation to Islamic caring (0.76). The significance of the nurse factor towards Islamic caring is stated by the value of $t=7.79$. There was also a significant influence in relation to the service factor towards Islamic caring, as stated with $t=2.06$. Meanwhile, with a value of 0.97, the patient factor has no significance towards Islamic caring. As with psycho-spiritual comfort, Islamic caring shows a significant influence with $t=2.85$.

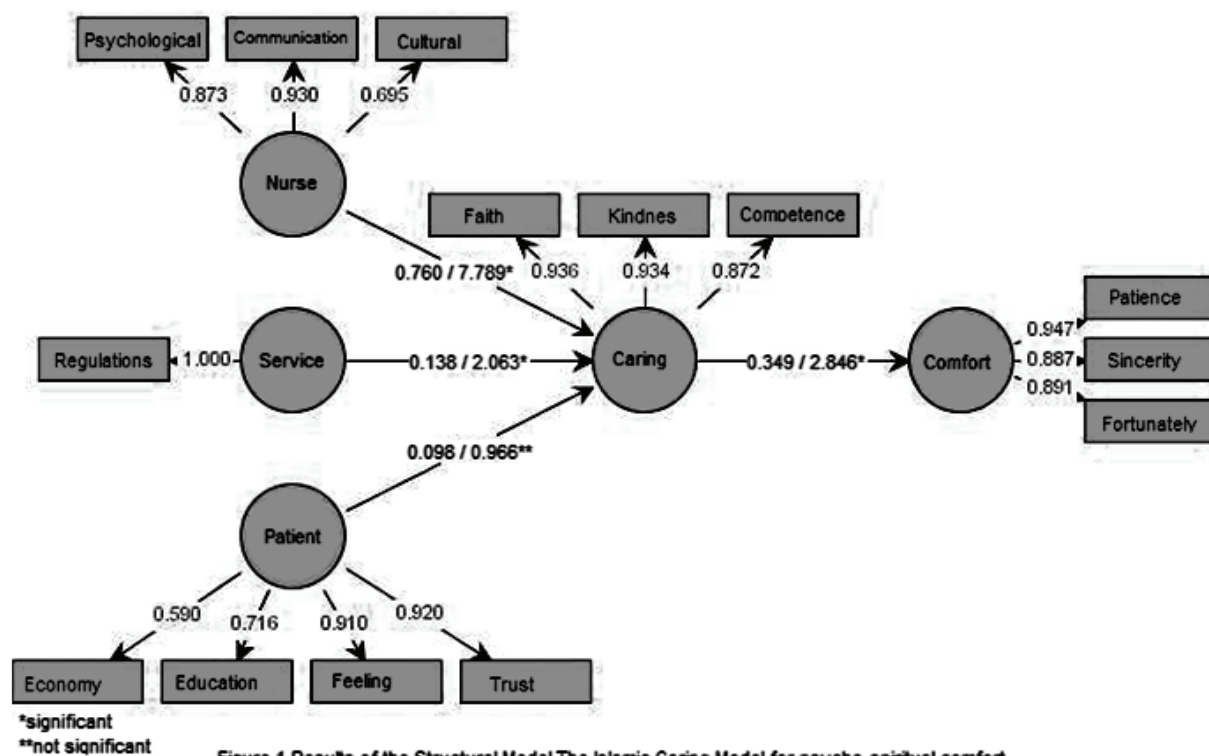


Figure 1 Results of the Structural Model The Islamic Caring Model for psycho-spiritual comfort

DISCUSSION*The Islamic Caring Model*

The new finding of this research is that the Islamic caring model had a direct influence on the psycho-spiritual comfort of coronary disease patients. The Islamic caring model in this research is the development of Caroline Care Model's emphasis on Islamic values that character of maintaining belief, compassion, and competence. Psycho-spiritual comfort based on Kolcaba's theory that is modified by using Islamic

values has the characteristics of patience, sincerity, and fortunate⁽¹²⁾. Islamic caring is a guide for nurses that encourages them to maintain their faith and to be sincere, compassionate, and competent, based on the Holy Quran and Prophet Muhammad's sayings.

The results of the statistical test showed that a good Islamic caring would significantly associated with a nurse and the hospital service. The results of this research indicate that a nurse's attitude is influenced by their personal character⁽¹³⁾. The research results showed that the hospital service factor significantly influenced the

nurses' Islamic caring behaviors when performing their services. The service factor in this research could be used as an component for the spiritual service regulations. These results agree with the findings of other studies, in which mentioned that spiritual services should be integrated with the vision, missions, and regulations of the hospital ⁽¹⁴⁾.

The behavior of nurses in Islamic caring can improve the psycho-spiritual comfort of coronary heart patients and help patients to display patience, gratitude, and sincerity. The results of this research are in accordance with the theory that says that well-being in an Islamic way is a condition full of being thankful for God's grace in the physical, spiritual, and social aspects of life ⁽¹⁵⁾. Well-being full of thankfulness means that when someone has recovered fully from an illness, he or she has to be thankful and then go on to do good deeds. If they have already recovered but there are still remaining symptoms or disabilities, then he or she is still required to be patient and to surrender to God's will. If the illness is very serious or if there is no chance for recovery, he or she is obligated to be patient and to trust that God's plan is the best for him or her ⁽¹⁶⁾. Patience, gratitude, and sincere characteristics of patients need to be improved by increasing the patient's religious knowledge. This situation is in accordance with research that mentions the spiritual can be improved by increasing religious knowledge ⁽²⁾. Patience can also be demonstrated by believing that everything that happens is the destiny of God set in us. A Muslim must be sure that whatever happens to nurse has an element of goodness. Sincerity

for the patient means their efforts in pursuing treatment merely seeks the pleasure of Allah and purifies the deeds relating to all pleasures of the world ⁽¹⁷⁾. The sincerity of the patient includes all actions and sincere words that show he or she only wishes to please Allah.

The patient's psycho-spiritual comfort is judged by gratitude for the conditions or experienced and is shown by practicing and exercising God's command. This clause explains that the painful ordeal that affects the patient is merely a sign of God's love and affection for God creature. Patients should be grateful to God for every blessing in daily life ⁽¹⁸⁾.

Islamic Caring Components

Islamic caring behavior has the characteristic of maintaining faith in Islam, which can also mean excellence or perfection in worshipping. Being excellent for the nurse means that they have to maintain their intention to work sincerely. Sincerity is a strong character and does not recognize exhaustion (being consistent) ⁽¹⁷⁾. The description of the theory shows that sincerity is the basic belief on which to build caring behavior of Islamic nurses. If the nurse develops sincerity, it makes the nurse's work easier. Sincerity as a skill creates the deepest and objectively measurable heartfelt interactions ⁽¹⁸⁾. The sincerity character of nurses comes from all habits and actions. Nurses action comes from their mind that drives from themselves feelings. The explanation suggests that maintaining the belief (sincerity) that characterizes the nurse can be recognized as Islamic caring (Table 2). Islamic caring is evidence of the sincerity of a nurse that can be objectively measured.

Table 2 The Islamic Caring Components

No.	components	$\left(\frac{(\bar{X} - \text{Min})}{(\text{Mak} - \text{Min})} \right) \times 100\%$	Criteria
1.	Maintaining faith (sincerity)		
	a Patience	87,8%	Good
	b Gratitude	81,1%	Good
	c Consistency	78,9%	Good
2.	Compassion		
	a Wise	76,7%	Good
	b Prioritize other people	80%	Good
	c Beneficial	70%	Enough
	d Well-mannered	81,1%	Good
3.	Competence		
	a Trustworthiness	90%	Good
	b Critical thinking	93,3%	Good
	c Punctuality	86,7%	Good
	d Independence	87,8%	Good

The concept of maintaining faith (sincerity) in Islamic caring behaviors during nursing activities requires patience, thankfulness, and consistency. Patience means a nurse should not easily get angry or despairing ⁽¹⁹⁾. Forbearance is very appropriate behavior for nurses to display so that they are able to face and accept any expression of positive and negative feelings from patients. In the meantime, gratitude means placing something according to its function, according to God's will ⁽¹⁸⁾. This situation emphasizes that nurses should always be grateful for work because of the many blessings God has always given to nurses. Thanksgiving can mean the attitude of taking care of and utilizing the best of the grace and gift of God in a good way and for a good purpose ⁽²⁰⁾. Consistency means that the nurse is steadfast or constantly doing good according to religion ⁽¹⁷⁾. Gratitude and consistency are very much in line with the behavior of nurses who can be a support for spiritual strength and unlock the patient's spiritual dimension.

The concept of compassion in Islamic caring behaviors during nursing activities requires wise, prioritize other people, beneficial, and well-mannered. The Compassion In Islam, affection is known as *Mahabbah*. Therefore, nurses should be affectionate in showing their caring behavior, which is strongly urged in Islam. Commendable attitudes for nurses include being well mannered, friendly, calm, clean, and maintaining confidentiality ⁽¹⁶⁾. Wisdom means a nurse must be a wise person in providing nursing care ⁽⁹⁾. Wise is very appropriate in the behavior of nurses to foster sensitivity to self and to others by thinking smartly and wisely to address problems. The behavior of nurses in prioritizing others is in line with increasing the feeling the nurse has to always put others ahead of him or her (altruistic). Well mannered means a nurse needs to be gentle, quietly spoken, and display behaviors that are compassionate, empowering, and helpful ⁽¹⁹⁾. Hospital nurses at the research site display good behavior, which results in them being categorized as good. Well mannered is very much in line with the behavior of the nurse in being able to establish a good relationship with the patient.

According to the test result, another forming component in the characteristics of Islamic caring is competence. Competence in Islam means expert/expertise. The Islamic caring behavior of nurses in the variable of competence, or professionalism, showed a positive result ⁽¹¹⁾. Being professional in work means working in accordance with the principles of the

discipline, being honest and responsible, willing to help, and co-operative ⁽¹⁶⁾. It is considered that being professional means to work smartly and knowledgeably. Critical thinking, trustworthiness, punctuality, and independence are qualities that individual Indonesian nurses need to be maximally competent.

CONCLUSIONS

The Islamic caring model found is nurse's behavior that emphasizes Islamic value that includes the character of maintaining belief, compassion, and competence to enhance the psycho-spiritual comfort.

Conflict of Interest: We have no conflicts of interest to disclose

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